

<b>Case Number:</b>	CM15-0112007		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	05/08/2008
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 46 year old man sustained an industrial injury on 5/8/2008. The mechanism of injury is not detailed. Evaluations include bilateral shoulder x-rays dated 11/10/2014, cervical spine CT scan dated 11/10/2014, and lumbar spine CT scan dated 11/10/2014. Diagnoses include shoulder joint pain, lower leg pain, cervical degenerative disc disease, and cervicgia. Treatment has included oral medications, aquatic therapy, physical therapy, and bilateral knee injections. Physician notes dated 12/5/2014 show complaints of neck, bilateral shoulder, and bilateral knee rated 4/10. Recommendations include one year gym membership, physical therapy, bilateral knee CT scans, and follow up in 30 days.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Gym membership purchase x 6 months:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Gym Memberships.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back Section: Gym Memberships.

**Decision rationale:** The MTUS Guidelines do not comment on the use of Gym memberships for chronic pain. However, the Official Disability Guidelines comment on this issue for patients with low back pain. These guidelines state the following regarding exercise as a treatment modality: Exercise is recommended for treatment and for prevention. There is strong evidence that exercise reduces disability duration in employees with low back pain. One of the problems with exercise, however, is that it is seldom defined in various research studies and its efficacy is seldom reported in any change in status, other than subjective complaints. If exercise is prescribed a therapeutic tool, some documentation of progress should be expected. While a home exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. There is no documentation provided in the medical records to indicate why this patient is no longer able to engage in the home exercise/stretching program as part of his ongoing treatment regimen. There is no documentation provided to indicate that the patient needs more supervision for an exercise program. There is no documentation in support of establishing specific outcome goals that can be monitored to assess the efficacy of the program. Finally, there is no documentation provided to justify the duration of this intervention. Therefore, a Gym membership X 6 months is not considered as a medically necessary treatment.